

16115

amendment attached

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Navajo</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>439a</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>274</u>
Town of <u>Showlow</u>			Local Registrar No. _____
or _____			
City of _____	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Ellsworth Pennock</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Boy</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth _____		7. Date of birth <u>Aug 39</u> <u>24</u>	
		Month Day Year	
8. FATHER		14. MOTHER	
Full name <u>Hans (Huello) Pennock</u>		Full maiden name <u>Cliffie Ellsworth</u>	
9. Residence (Usual place of abode)		15. Residence (Usual place of abode)	
If nonresident, give place and state <u>Pinetop</u>		If nonresident, give place and state <u>Pinetop</u>	
18. Color or race <u>White</u>		16. Color or race <u>White</u>	
11. Age at last birthday <u>24</u> (Years)		17. Age at last birthday <u>23</u> (Years)	
12. Birthplace (city or place) <u>Pinetop</u>		18. Birthplace (city or place) <u>Showlow</u>	
(State or country) <u>Arizona</u>		(State or country) <u>Arizona</u>	
13. Occupation		19. Occupation	
Nature of industry <u>Merchant</u>		Nature of industry <u>house wife</u>	
20. Number of children of this mother		21. Were precautions taken against thalnia neonatorum? <u>yes</u>	
(Taken as of time of birth of child herein certified and including this child.)			
(a) Born alive and now living <u>2</u>			
(b) Born alive but now dead _____			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>female</u> at <u>12</u> P.m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>Loretta C. Hansen</u>	
		(Physician or midwife)	
		Address <u>Lakeside, Arizona</u>	
Given name added from a supplemental report _____		Filed _____, 19 _____	
Month, day, year.		Local Registrar <u>Emma Whipple</u>	
Registrar. _____		County Registrar <u>J. H. Hayes</u>	

774-829-358